

VETERANS JOURNAL



PUBLISHED BY
FRANKLIN COUNTY VETERANS SERVICE COMMISSION
250 West Broad Street, Columbus Ohio 43215
(614) 462-2500 FAX (614) 462-2505
E-mail: veteransservice@co.franklin.oh.us
Website: www.co.franklin.oh.us/vets



Commissioners

Stephen G. Commodore, VFW
Roy C. Morello, American Legion
Larry W. Roberts, VVA
Wallace W. Sarto, AMVETS
Arthur W. Sprankel, DAV

Summer 2004 Issue

David M. Bradley, Director
Anna M. Henry, Administrative Assistant

The information in this journal is being provided to make the veteran community aware of some current events, activities and veterans issues that are of mutual concern. From time to time, we will include some relevant information important enough to be repeated, to insure that veterans and their families are aware of the full range of benefits and entitlements available to them.

COLUMBUS BAR ASSOCIATION INTRODUCES ITS NEWEST PRO BONO PROGRAM



COLUMBUS, Ohio- The Columbus Bar Association announces free legal services for soldiers.

Civil Legal Assistance for Soldiers and Sailors (C.L.A.S.S.), which offers free or reduced-fee legal representation to United States military personnel and their dependents.

C.L.A.S.S. is designed to assist military personnel and their dependents facing legal issues as a direct result of deployment, either before or after their return. Over 60 attorneys in the Columbus vicinity are prepared to offer their legal skills in areas ranging from family law to debtor-creditor and employment rights issues.

Alex Lagusch, Executive Director of the Columbus Bar describes the program, "Our attorneys are specially educated in military laws and actually provide

soldiers with meaningful legal representation. We will help match each soldier with an attorney knowledgeable about their specific legal problem."

Military mobilization can cause serious problems to the families of affected military personnel, who must manage the household without a parent and/or a spouse. In many cases, activation can mean a substantial decrease in income, interruption in childcare, and problems with an employer.

Although there are currently protections in place to minimize problems, in some cases, there may be a lack of legal assistance, monetary funds and resources available to adequately assist the growing number of people affected.

The Columbus Bar is prepared to provide immediate assistance when current military resources cannot satisfy the demand in Central Ohio. The C.L.A.S.S. program is intended to relieve some unnecessary anxiety by providing accessible and reliable legal support.

For more information contact
Jill Snitcher McQuain @
614-340-2035 or www.cbalaw.org

VETERANS WE NEED YOUR HELP!

Veterans invited to attend appeals hearing on SB261 in Columbus June 10, 2004 at 10:15 am.

Oral Arguments to repeal SB.261 will be heard before a three judge panel from 10th Court of Appeals. The court room can hold about 100 people. We need to fill that court room with Veterans (wear your hats) and show our support for the injustice brought about by Senators Jacobson and Fingerhut, who quite clearly don't care about those who served in uniform from the Great State of Ohio.

The Court of Appeals is at 373 South High Street, on the 23rd Floor in Courtroom 23-B. The best places to park are in the County Parking Garage across High Street, accessible off Mound or Fulton Streets (via 71 South) and there is a walkway over High Street, or the Juvenile Court parking garage on Front Street, which is accessible off of Fulton Street. The county garage is East of the Courthouse and the juvenile Court parking garage is West of the Courthouse. **Please spread the word!!!**



MILITARY TREATMENT FACILITIES ARE AGAIN UNDERFUNDED; ONCE AGAIN PATIENT HEALTHCARE IS THREATENED

(National Assoc. for Uniformed
Services 14 May 04)

What would prompt a lead line like the one above? Sadly the facts surrounding the regretful direction in which the Military Health System (MHS) is the prompt for that particular lead line.

DOD's underfunding of the MHS is jeopardizing the ability of the military medical departments and the military treatment facilities (MTFs) to meet their readiness missions; and, is seriously affecting their reputation for providing high quality medical care to the beneficiaries of the MHS. The recent, abrupt and virtually unannounced closing of clinics throughout the MHS; the hasty dismissal of contract health care providers at those clinics; poorly conceived and communicated restrictions regarding patient access to care, tests, and procedures; and confusion over patient referrals that are critical to Graduate Medical Education (GME) Programs are just a few examples of the problems plaguing current and future patient care throughout the MTFs. It is not

clear whether the leadership in the highest echelons of the MHS are without influence or if they have simply given up; nevertheless, it is time for someone to step forward and slide a note under the doors of the Congressional oversight committees.

The current situation caused by the underfunding of the MTFs raises concerns in three areas:

- 1.) Economic Impact: Every major study/analysis since the Office of Program Analysis and Evaluation (PA&E/OSD) study of April 1994 has validated that the most economic approach for providing care is through the MTFs (analyses include the cost of maintaining the hospital infrastructure and the retirement costs of the uniformed health care providers). In contrast, the costs of the TRICARE contracts, as commonly experienced throughout the United States, continue to rapidly multiply beyond the annual budget projections of DOD. As a result, funding is annually pulled from the MTFs to pay for the skyrocketing costs of contracted health care. We have interest in this situation as both taxpayers and as beneficiaries of the MHS. Why not fund the MTFs to rebuild their infrastructure to the support levels of the mid-1990's and pull back the patients into the more economic system? Based on current data, there is no doubt that such action would not only keep the MHS within budget, but, that a significant reduction in overall costs would take place.
- 2.) Care for Dependents of Troops Deployed to Iraq: Is it not politically and morally questionable to prevent beneficiaries of deployed personnel from continuing to receive their primary care

at the MTFs where they normally obtain care? When dependents are familiar with the guidance and security provided within the MHS, to mandate that they must search for care in the private sector while their sponsors are deployed is of great concern. Should not the "decision-makers" be required to analyze the impact of prohibiting overall health care at the MTFs? Deployed uniformed personnel should not have to worry about their families.

- 3.) Care for Retired Beneficiaries of the MHS: It is not economically sound and morally unethical to force these beneficiaries to seek primary care in the private sector? Care provided to the retired beneficiaries of the MHS is essential for strong graduate medical education (GME) programs; and, strong GME Programs are critical beneficiaries throughout the MHS is threatened. At the present time, the MHS is recognized for the superb quality care provided to those who serve our Nation. It is poor judgment to jeopardize the most economical source of health care by limiting the spectrum of essential patient care.



**“Ability is what
you are capable of
doing. Motivation
determines what
you do. Attitude**

**determines how
well you do it.”**

**VETERANS JOURNAL
FALL 2003
Page 3**



VA SECRETARY ANNOUNCED CARES DECISIONS

(National Assoc. for Uniformed
Services 14 May 04)

Last week the Secretary of Veterans Affairs Anthony J. Principi announced details of a comprehensive plan to modernize the Department of Veterans Affairs (VA) health care system. The plan includes new hospitals in Orlando and Las Vegas, 156 new community clinics, four new spinal cord injury centers, two blind rehabilitation centers and expanded mental health outpatient services nationwide.

The investment of nearly \$1 billion annually for several years is the result of a major three-year review of the medical system serving America's 25 million veterans. It brings greater access to quality care closer to where most veterans live.

The three-year review called CARES stands for "Capital Asset Realignment for Enhanced Service." It was a landmark study of the nation's largest health care system, which is operated by VA. CARES assessed veterans' current health care needs and developed recommendations for meeting those

needs in the future. By opening health care access to more veterans. VA expects to increase the percentage of enrolled veterans from 28 percent of the veterans' population today, to 30 percent in 2012 and 33 percent in 2022. The decisions announced by Secretary Principi include:

- Construction of new medical centers in Orlando, FL, and Las Vegas, NV;
- Creation of more than 150 new community-based outpatient clinics;
- Rehabilitation and modernization of medical centers;
- Potential creation of four new – and expansion of five existing – spinal cord injury centers and;
- Opening up two new blind rehabilitation centers.

In some cases, the plan also calls for transferring care from antiquated facilities to more modern or better located VA facilities or contracting for care in local communities. No veteran will lose health care as a result of CARES. Nor will there be any gaps in health care services. In fact, VA will be able to expand outpatient services and provide more of the care veterans want and use.

The full details about the secretary's decision are now available on the Internet at www.va.gov.



VA REACHES OUT TO NEWEST COMBAT VETERANS

(Department of Veterans Affairs
10 May 04)

WASHINGTON- The Department of Veterans Affairs (VA) is expanding its efforts to reach veterans of combat operations in Iraq and Afghanistan to ensure they are aware of benefits they have earned.

Beginning today, Secretary of Veterans Affairs Anthony J. Principi is sending a personal letter to more than 150,000 veterans of Operations Iraqi Freedom and Enduring Freedom who have recently separated from the military to thank them for their service and to remind them of their eligibility for VA health care and other benefits.

"I want these men and women to know that we are grateful for their service to our country," Principi said. "Those who served in Afghanistan, Iraq and other places around the world have risked their lives to make America more secure. One of the ways the nation shows its gratitude is by ensuring veterans receive the benefits they deserve."

Principi's letter includes brochures and links to its Web pages at www.va.gov that contains more details about VA benefits, including an opportunity to apply for benefits online.

As Iraqi Freedom and Enduring Freedom veterans continue to leave the active-duty military, VA expects to mail about 10,000 letters each month.

VA also regularly mails information packets to all service members separating from the military to remind them of eligibility for basic VA benefits, such as VA-guaranteed home loans and education benefits. In addition, there are provisions in these programs for reservists and National Guard members.

The additional outreach to those recently deployed to combat theaters alerts them to special eligibility that increases their access to health care for two years after separation from military for illnesses and injuries that may be the result of military service. For those medical problems, VA waives co-

payments for inpatient and outpatient care.

VA focuses special attention on those with service-related

VETERANS JOURNAL FALL 2003 Page 4

disabilities. The department's goal is a seamless transition from military to VA services, with claims for financial benefits receiving expedited processing. For the seriously wounded, VA has counselors working at the bedsides of patients in military hospitals with the largest numbers of casualties to begin benefit applications before they leave the military.

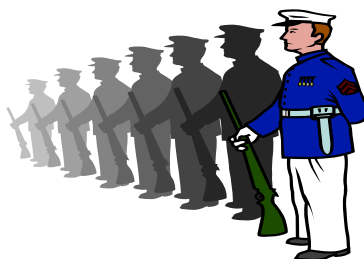
In addition, VA social service personnel work at these military facilities to plan health care coordination as service members move from military to VA care. This helps ensure a smooth transition to a VA hospital or clinic near the veteran's intended residence for continuity of medical care.

In partnership with state and local government benefits counselors and veterans service organization representatives, VA annually briefs about 200,000 service members around the world before discharge to help prepare them for civilian transition and VA benefits. It operates benefits offices at 133 military installations to help service members with conditions arising during service prepare to begin receiving VA compensation promptly after discharge.

VA has learned many lessons since the Gulf War in 1991 and other conflicts, which will ensure that this newest generation of war veterans receives the health care and assistance they deserve when they return to civilian life," said Principi.

People wishing to receive the latest news releases and updated fact sheets from VA can subscribe at the following Internet address:

www.va.gov/opa/pressrel/opalist_listserv.cfm



THE MARINE

We all came together,
Both young and old.
To fight for our freedom,
To stand and be bold.

In the midst of all evil,
We stand our ground,
And we protect our country
From all terror around.

Peace and not war,
Is what some people say.
But I'll give my life,
So you can live the American way.

I give you the right
To talk of your peace,
To stand in your groups,
And protest in our streets.

But still I fight on.
I don't bitch, I don't whine.
I'm just one of the men
Who is doing your time.

I'm harder than nails,
Stronger than any machine,
I'm the immortal soldier,
I'm a U.S. MARINE!

So stand in my shoes,
And leave from your home.
Fight for the people who hate you,
With the protests they've shown.

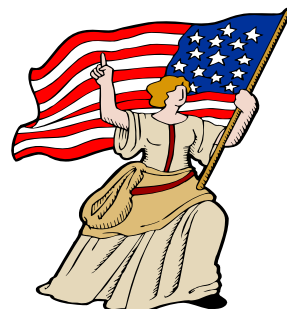
Fight for the stranger,
Fight for the young,
So they all may have
The great freedom you've won.

Fight for the sick.
Fight for the poor.
Fight for the crippled,
Who lives next door.

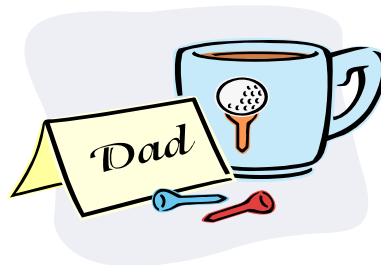
But when your time comes,

Do what I've done.
For if you stand up for freedom
You'll stand when the fight's done.

Written by:
Corporal Aaron M. Gilbert
UNITED STATES MARINE,
'USS SAIPAN,
PERSIAN GULF



**Monday June 14th
FLAG DAY**



**Sunday May 20th
Father's Day**



**Monday June 21st
Summer Begins**

**Sunday July 4th
Independence
Day**



VETERANS JOURNAL
FALL 2003
Page 5



OLDER AMERICANS' TOP TEN HEALTH CARE MISTAKES

From: Franklin County Office of
Aging

Americans are living longer than ever, but many older Americans could better deal with their health problems, says the **Institute for Healthcare Advancement (IHA)**. To help folks stay healthier longer, the IHA and **Elder Law Answers** identified the 10 most common mistakes older Americans make in caring for their health:

1. **Driving when it's no longer safe.** Older American often equate the ability to drive with independence, but knowing when to hang up the keys is important for the safety of everyone on the road. Decisions about when to stop driving should be made together with a family physician because chronological age alone

does not determine someone's fitness to drive.

2. **Allowing vanity to get in the way of assistive devices.** Refusing to wear a hearing aid, eyeglasses or dentures, and reluctance to ask for help or to use walking aids are all examples of this type of denial.
3. **Reluctance to discuss intimate health problems with a doctor or health care provider.** Problems an individual may find trivial or embarrassing, such as stomach upsets, constipation, incontinence, impotence or jaw pain, may require further evaluation.
4. **Not making sure they understand their health problem or treatment plan.** "I could not understand the doctor," or "He told me what to do, but you know me, I don't remember" are typical complaints or excuses. Reluctance to ask the doctor to repeat information or to admit that they do not understand what is being said can result in serious health consequences.
5. **Disregarding the serious potential for a fall.** Falls result in fractures and painful injuries, which sometimes take months to heal. Yet many at increased risk for them do not remove throw rugs and other obstacles from the home, ensure adequate lighting or make sure cracks or holes in walkways and stairs (inside and out) are fixed. Wearing sturdy and well-fitting shoes and participating in exercise programs to improve muscle tone strength is also helpful.
6. **Failure to manage medicines.** Missed

medication doses can result in inadequate treatment of a medical condition. Taking medicine too often can have serious consequences. Daily schedules, segmented pill boxes or check-off sheets can reduce missed and extra doses. Patients should know or have a list of all their prescription and over-the-counter medicines they are taking, the dose and why they are taking it.

7. **Not having a single primary care physician who looks at the overall medical plan of treatment.** Health problems may be overlooked when a person goes to several different doctors or treatment programs. Multiple treatment regimens and duplicative therapy may cause adverse responses.
8. **Not seeking medical attention for possible early warning signs.** Denial that anything is wrong, fear of medical costs, or reduced self worth cause some seniors to fail to recognize early warnings of serious conditions and fail to get treatment early, when it can be more effective.
9. **Failure to participate in prevention programs.** Flu and pneumonia shots and routine breast and prostate exams are examples of readily available preventive health measures that seniors should utilize to remain healthy, though many do not.
10. **Not asking loved ones for help.** Many older Americans are simply too independent, stubborn, proud or embarrassed to ask for help. Alerting family members or other loved ones to signs of ill health or unusual feelings can

ensure timely and adequate treatment.

IHA (www.iha4health.org) is a non-profit organization based in La Habra, California, that demonstrates innovative health care practices and educates health care professionals and consumers. Elder Law Answers (www.elderlawanswers.com) supports seniors, their families and their attorneys with an online source of legal information.

VETERANS JOURNAL
SUMMER 2003
Page 6

PRATT SNAGS ANNUAL 'VETERAN'S OSCAR' AWARD

From Justin Paprocki of the
Olentangy Valley News

Merle Pratt is the 2004 recipient of the AMVETS Silver Helmet Award, given each year to a civil servant for his or her service to the veterans' community.

Otherwise known as the "Veteran's Oscar," the award shaped like a World War II GI Helmet has also been given to North Carolina Sen. Elizabeth Dole and former Louisville Mayor David Armstrong.

Pratt – the deputy director of the Environmental Background Investigations Unit for the Ohio Attorney General's office – is involved in a multitude of veterans' organizations.

"It's more than a hobby," he said. "It's just the right thing to do. Veterans need an advocate."

He was instrumental in the development of the Patriot Program, in which lawyers from the Ohio Attorney General's office give pro-bono legal aid to reserve and National Guard personnel.

Some of that aid is also given to those who have lost relatives in combat.

"A lot of them are spouses left behind, and they need a lot of help," he said.

He is also a member of the Governor's Veterans Advisory Committee and serves as president of MilVets, which honors military personnel in Central Ohio.

The group organizes such event as the Veterans Day parade in Columbus and the Armed Forces Day Luncheon that recognizes active duty personnel.

Pratt served in the Navy from 1968 to 1973. He joined the U.S. Naval Reserve in 1973 and retired in 1994 as a chief petty officer.

Pratt said with the Iraq war veterans organizations are going to be even more essential to deal with the issues men and women face when they return from war.

"There are a lot of problems veterans are coming back with that people don't want to deal with or don't want to admit," he said.

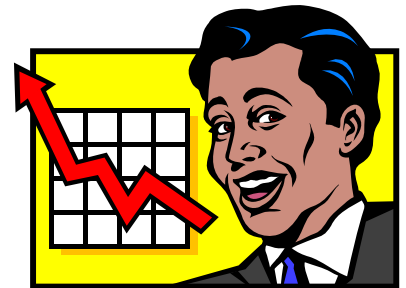
"Veterans need to know they're appreciated."



Nobody likes a sourpuss

One of the most-common worker complaints is that they are not appreciated by their boss. Experts say that gaining the boss' attention for something positive requires, first, figuring out what your boss wants. Surveys have shown that supervisors' No. 1 desire from their workers is a positive attitude. And

once you've mastered that, make sure the tasks you take on are ones that are valued by the boss. And it doesn't hurt to update your boss on your progress from time to time, setting up an opportunity for him to give you a pat on the head.



Terrorism—Preparing for the Unexpected

Devastating acts, such as the terrorist attacks on the World Trade Center and the Pentagon, have left many concerned about the possibility of future incidents in the United States and their potential impact. They have raised uncertainty about what might happen next, increasing stress levels. Nevertheless, there are things you can do to prepare for the unexpected and reduce the stress that you may feel now and later should another emergency arise. Taking preparatory action can reassure you and your children that you can exert a measure of control even in the face of such events.

What You Can Do to Prepare

Finding out what can happen is the first step. Once you have determined the events possible and their potential in your community, it is important that you discuss them with your family or household. Develop a disaster plan together.

1. Create an emergency communications plan.

Choose an out-of-town contact your family or household will call or e-mail to check on each other should a disaster occur. Your selected contact should live far enough away that they would be unlikely to be directly affected by the same event, and they should know they are the chosen contact. Make sure every household member has that contact's, and each other's, e-mail

addresses and telephone numbers (home, work, pager and cell). Leave these contact numbers at your children's schools, if you have children, and at your workplace. Your family should know that if telephones are not working, they need to be patient and try again later or try e-mail. Many people flood the telephone lines when emergencies happen but e-mail can sometimes get through when calls don't.

2. Establish a meeting place.

Having a predetermined meeting place away from your home will save time and minimize confusion should your home be affected or the

VETERANS JOURNAL

SUMMER 2004

Page 7

Terrorism—Preparing for the Unexpected

Continued....

area evacuated. You may even want to make arrangements to stay with a family member or friend in case of an emergency. Be sure to include any pets in these plans, since pets are not permitted in shelters and some hotels will not accept them.

3. Assemble a disaster supplies kit.

If you need to evacuate your home or are asked to "shelter in place," having some essential supplies on hand will make you and your family more comfortable. Prepare a disaster supplies kit in an easy-to-carry container such as a duffel bag or small plastic trash can. Include "special needs" items for any member of your household (infant formula or items for people with disabilities or older people), first aid supplies (including prescription medications), a change of clothing for each household member, a sleeping bag or bedroll for each, a battery powered radio or television and extra batteries, food, bottled water and tools. It is also a good idea to include some cash and copies of important family documents (birth certificates, passports and licenses) in your kit.

Copies of essential documents-like powers of attorney, birth and marriage certificates, insurance policies, life insurance beneficiary designations and a copy of your will-should also be kept in a safe location outside your home. A safe deposit box or the home of a friend or family member who lives out of town is a good choice.

For more complete instructions, ask your local Red Cross chapter for the brochure titled [Your Family Disaster Supplies Kit](#) (stock number A4463).

4. Check on the school emergency plan of any school-age children you may have.

You need to know if they will they keep children at school until a parent or designated adult can pick them up or send them home on their own. Be sure that the school has updated information about how to reach parents and responsible caregivers to arrange for pickup. And, ask what type of authorization the school may require to release a child to someone you designate, if you are not able to pick up your child. During times of emergency the school telephones may be overwhelmed with calls.

For more information on putting together a disaster plan, request a copy of the brochure titled [Your Family Disaster Plan](#) (A4466) from your local American Red Cross chapter. You may also want to request a copy of [Before Disaster Strikes . . . How to Make Sure You're Financially Prepared](#) (A5075) for specific information on what you can do now to protect your assets.

http://www.redcross.org/services/disaster/0,1082,0_589_00.html



PALADIN KNIGHTS INCORPORATED MOTORCYCLE CLUB SUPPORTING ALL VETERANS

Dear Friends,

Paladin Knights Chapter 3 on Saturday August 7, 2004 will be hosting their annual, "Ride for Hospitalized Veterans" run to honor the veteran residents of the Ohio Veterans Home in Sandusky, Ohio. This is a huge undertaking as there are over 645 residents at the Ohio Veterans Home in Sandusky. Last year we fed the residents hamburgers, hot dogs, potato and macaroni salad, baked beans, melons and for desert there was ice cream cookies and cake. Besides the great food there was live music for the residence enjoyment and a classic car display and a motorcycle run. Each resident was given a personal hygiene bag (consisting of toothpaste, toothbrushes, deodorant soap, combs and/or brushes and shaving utensils.) The government does not provide these items to our veterans. We consider it a privilege to honor these heroes with a day of fun, laughs and smiles. This is one of the many things we do to thank veterans for all they did and sacrificed for this great country of ours.

This year with your support or continued support we hope to o all that and more. But that will only be possible through the kind generosity of people such as you who realized just what these veterans have done and mean to our country and us. Any support and/or donation would be greatly appreciated. No donation is too small!

We are a non profit organization, 501C4, which will make all or your donations tax deductible. If you have any questions or need additional information please do not hesitate to contact us. Thank you for your support!

Paladin Knights is established to make all citizens aware of the contributions and sacrifices of all veterans who have served our country in wars and conflicts and to support those veterans and their families after their service. We will assist all veterans to achieve the respect they deserve and strive for the return and full accounting of all Prisoners Of War and Missing in Action!

Paladin Knights Inc. Chapter 3
PO Box 39682
North Ridgeville, Ohio 44039

Attention: Gary L Wilder, President
440-353-0086

VETERANS JOURNAL
SUMMER 2004
Page 8

EAST REGION FOSTER PARENTS OF THE YEAR Franklin County Children Services 2004

Some people look at the tiny faces of children and see challenges; this family sees opportunities. While others place limits on what children can do, this family sees endless possibilities.

Webster defines love as a "strong affection for another arising out of kinship or personal ties." But for the Ellis family, love has no boundaries.

When three teenagers from their church needed to be placed in foster care, John and Yvette Ellis did not hesitate to become foster parents for them in spite of having three birth teenagers already in the home.

Only licensed since 2002, this family has already cared for nine children and many of them were sibling groups.

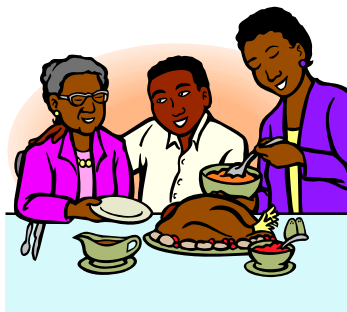
Armed with an abundance of faith, the Ellis' tackle challenging behaviors with a positive attitude. They once cared for two children with Ricketts and although they had

no experience with the disease, the Ellis' never wavered in their commitment in the care of these children. Through education and training, they provided the special care and medication the children needed.

They did not stop there. The Ellis' went on to become effective advocates for the services the children needed to make their illness more manageable.

Today, the family is still fostering the initial two girls from their church. They also have successfully emancipated the third sibling and have an additional teenager placed as well. So again, counting their birth children, the Ellis' have six teenagers in their home but more importantly in their hearts. They treat each child as an individual, appreciating each ones' specialness. They promoted positive self-esteem in each child and take the time to praise even the smallest progress.

Franklin County Veterans Service Commission is pleased to announce that in May, John Ellis has joined our Financial Department as an Investigator to help service those veterans in financial need.



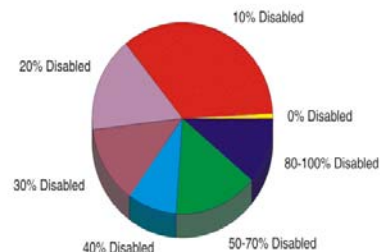
Budget of the United States Government, Fiscal Year 2004

Readying Veterans' Disability Compensation for the Future

Monthly veterans' disability compensation checks are a benefit to veterans who have a disability connected to their military service.

It is the workers' compensation program for the armed forces. Like other federal and state workers' compensation programs, VA's benefits complement retired pay and disability annuities provided by DoD. Currently, 2.3 million veterans are receiving these tax-free benefits from VA. The amount awarded to a veteran depends on the severity or degree of the disability. For 2003, the basic monthly benefit, set in law, ranges from \$104 for a 10 percent disability rating to \$2,193 for a 100 percent disability rating. Many veterans receive additional amounts for having dependents, severe disabilities, or being housebound—as much as 70 percent above the basic benefit. As the accompanying chart indicates, 65 percent of veterans receiving compensation are rated at 30 percent disabled or less—with diseases such as arthritis, diabetes, and high blood pressure.

Over Half of Veterans Receiving Benefits
Are Less Than 30% Disabled



Source: Department of Veterans Affairs, 2001 data.

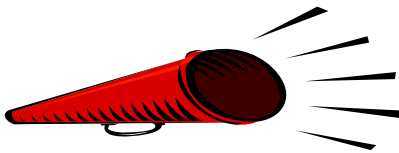
Improving the quality of life of veterans with disabilities is a national responsibility. To this end, veterans' disability claims should be quickly processed. The processing of disability claims has been especially challenging for VA, not only because of the sheer scope and size of the program, but also because new legislation and regulation further expanded benefits and, therefore, the number of claims needing review. As such, much of VA's focus in 2002 was on reducing the backlog of claims from 644,000 to 501,000.

Is Yesterday's Disability Today's?

Disabled veterans are assumed to earn less after military service than non-disabled veterans. Yet no study to measure the income loss associated with each specific disability has been conducted since 1945. Over the years, new types of disabilities have been added continually, but old ones are rarely removed. Many of the covered disabilities are not commonly associated with a loss of earnings today—such as acne scars, hemorrhoids, arthritis and ulcers. As such, benefit payments are unlikely to reflect actual income loss; in fact, they may be too low or too high.

VETERANS JOURNAL
SUMMER 2004
Page 9

VETERANS' VOICE



The following comments have been copied from www.vapride.us/Stories.html. This website allows any veteran to place a comment concerning their experience with the VAMC's through out the United States.

I am a Vietnam combat veteran, and also a 27 year VA, Employee. I have worked at three different VA's - Marion, IN, Biloxi, MS and at Chillicothe, OH. I also have seen first hand the operation at the VA at Indianapolis IN. In 1998 my father was taken there as he had complications from Diabetes. That VA was so help full to our family in our time of great despair. My father was an outpatient at the Marion VA. He is buried there at the National Cemetery he loved the VA, that is not to say that he wouldn't have complaints or disagreements with some staff but he for the most part like to see the staff there and got to

know quite a few of the staff by first name.

I started my VA career as a GS-2 nursing asst. and loved working with the veterans. I did that for 7.5 years I've seen some of the nursing staff firsthand perform. And for the most part it was first rate. I worked at Biloxi in the mailroom and seen most of their wards and clinics in action and the same type care was observed at that VA. I now work as a Voc. Rehab specialist and am back working with the veterans. I also get to see the clinics and wards on my daily rounds while picking up recycling containers and have always seen the staff present themselves in a professional manner.

I am a member of the primary care blue team and they are the best when it comes to caring for and helping the veterans assigned to their team. I also have had the privilege of being treated at the Cincinnati VA for sleep apnea and am certain that if I had not been taken care of that I would be here today.

I feel fortunate to be a veteran with the privilege of being not only a patient in the VA system but also an employee. Veterans need to give the VA a shot at their healthcare.

I have a choice and I choose the VA.
TV



As usual ABC has twisted facts better than a baker can twist a pretzel.

A recent study 10/03 in the New England Journal of Medicine reports...
The Department of Veterans Affairs

change from inpatient to outpatient care since the early 1990's has been efficient and safe. Secretary of Veterans Affairs Anthony J. Principi said in a prepared statement: "these findings endorse VA's ongoing reorganization to improve health care for veterans. The restructuring has maintained the quality of care, while allowing us to care for more veterans." Survival rates among chronically ill veterans remained constant despite a sharp reduction in hospital-based care, reports the journal's Oct. 23, 2003 edition. Over the past eight years, VA has reorganized its health care system, closed hospital beds, expanded outpatient care and improved primary care.

VA has proposed further restructuring under the national Capital Asset Realignment for Enhanced Services (CARES) plan. The CARES proposals include realigning existing hospitals and constructing 48 new outpatient clinics, two new hospitals, two new Blind Rehabilitation Centers and four new Spinal Cord Injury Centers.

"The journal study shows that VA's move from hospital-based care to outpatient clinic-based care is in the best interests of veterans," said Principi. "CARES will continue this evolution, resulting in high quality medical care for veterans well into this century."

The journal article was based on a study by researchers at VA's Houston Center for Quality Care and Utilization Studies and Baylor College of Medicine after a comprehensive study of 342,000 chronically ill veterans to verify their health care and survival rates between 1994 and 1998. Hospitalization decreased over 50% and outpatient care increased relative.

The study proved that survival rates remained constant.

No VA hospital or clinic is perfect. No not one! Some are outstanding, some excellent, some very good and some not so good.

For my part ABC does not show me much as a news outlet, as I had all but tuned ABC News totally out long ago.

I do take my wife and children to the civilian hospitals which fall into the exact same categories as listed above. Some are outstanding, some excellent, some very good and some not so good.

We can make the best things

look good, or bad, if we twist the facts like our politicians and some news media people sometimes do. It is perspective.

David Barker
AMVETS
VAMC
Chillicothe Ohio ¶ [4/12/2004](#)

FRANKLIN COUNTY
VETERANS SERVICE
COMMISSION
250 W BROAD ST
COLUMBUS OH 43215-2787

